

## CONGRATULATIONS!

Learning that you are about to be a mother is exciting and a bit scary. We know you want to do everything you can to be sure your baby enters the world healthy. The Commonwealth of Kentucky believes one of the most important things you can do for yourself and your unborn baby is to be sure to get early and regular check-ups with your healthcare provider during your pregnancy.

A process called "Presumptive Eligibility" (or "PE") allows pregnant women who have not yet applied for a medical card to receive temporary (less than 90 days from the day you receive your PE card) coverage for prenatal care. Your healthcare provider can arrange for PE coverage while you are in the office.

This brochure will help answer many of your questions about PE. Fill out the form on the back of this brochure and return it to your healthcare provider's office staff. If you qualify, they will issue you a PE card. This will allow you to obtain prenatal services from healthcare providers who accept Medicaid.

### How do I know if I qualify for PE?

You will qualify for PE if:

- ◆ You do not have a medical card for yourself or have not applied for one; and
- ◆ The amount of money you earn or receive each month is less than or equal to the amounts listed below. Ask your healthcare provider's office staff to help you if you are not sure how to figure these amounts:

| NUMBER OF PEOPLE IN FAMILY    | MONTHLY INCOME AMOUNT (2008 LEVELS*)            |
|-------------------------------|---|
| 2                             | \$2159.00                                       |
| 3                             | \$2714.00                                       |
| 4                             | \$3269.00                                       |
| 5                             | \$3824.00                                       |
| 6                             | \$4379.00                                       |
| Each Additional Family Member | Add \$555 to the previous monthly income amount |

\* These amount change around April of each year.

If you have already applied for PE benefits at another physician's office for this same pregnancy, you are not eligible to apply again.

### What Prenatal Services Are Paid for Through the PE Program?

- ◆ Office visits
- ◆ Lab tests
- ◆ X-rays (including ultrasounds)
- ◆ Medicine
- ◆ Dental
- ◆ Transportation to and from your healthcare provider's office (if you qualify)
- ◆ Emergency Room (when necessary)

### The PE program will not pay for:

- ◆ Trips to specialists,
- ◆ Surgical or other procedures or
- ◆ If you have to be admitted to the hospital.

**IT IS VERY IMPORTANT THAT YOU FILE AN APPLICATION FOR THE FULL MEDICAID BENEFIT PACKAGE WITH YOUR LOCAL DEPARTMENT FOR COMMUNITY BASED SERVICES (DCBS) OFFICE AS SOON AS POSSIBLE.**

### What Will Regular Medicaid Cover?

In addition to the prenatal services offered through the PE program, Medicaid WILL pay for trips to specialists, hospital stays (including your hospital stay when you have your baby) and other procedures. The closest office in your county is:

\_\_\_\_\_  
(Print Local DCBS Office Address)

\_\_\_\_\_  
(Phone Number)

Be sure to take the following items with you when you visit the DCBS office:

- ◆ The PE Card that your healthcare provider's office will print for you.
- ◆ You and your family's social security numbers.
- ◆ A letter from your healthcare provider saying you are pregnant and the date your baby is due.
- ◆ Proof of your income.

### What if I have problems or need more information?

You may call: (877) 298-6108

For persons with TTY/TDD equipment only: 711

## PRESUMPTIVE ELIGIBILITY PATIENT INFORMATION FORM

PLEASE COMPLETE & RETURN TO YOUR HEALTHCARE PROVIDER'S OFFICE STAFF

Your Social Security Number:

Today's Date:

Date of Birth:

Age:

Your Name:

Last Name

First Name

Middle Initial

Do you Receive Medicaid? ☐ Yes ☐ No

Your Address:

Street Address

Apt/Building Number

City

State

Zip Code

County

Telephone Numbers:

Home Telephone Number

Work Telephone Number

Marital Status (check one):

- ☐ Married ☐ Widowed  
☐ Separated ☐ Never Married  
☐ Divorced

Race:

- ☐ White ☐ Asian  
☐ Black ☐ Other  
☐ American Indian

EDC:

Confirmation number: \_\_\_\_\_

COMPLETE INFORMATION ON BACK OF THIS FORM

THIS FORM WILL BE KEPT BY YOUR HEALTHCARE PROVIDER IN YOUR MEDICAL RECORD. FEEL FREE TO ASK FOR A COPY.

**PRESUMPTIVE ELIGIBILITY  
PATIENT INFORMATION FORM  
(CONTINUED)**

**NUMBER OF PEOPLE IN MY FAMILY:**   
(count 2 for yourself)

**FAMILY INCOME** (use separate sheet if necessary)

|   | Family Member's Name  | Income Type* | How Much?*** | How Often |
|---|-----------------------|--------------|--------------|-----------|
| 1 |                       |              |              |           |
| 2 |                       |              |              |           |
| 3 |                       |              |              |           |
| 4 |                       |              |              |           |
|   | TOTAL MONTHLY INCOME: |              |              |           |

\*Possible income types include: hourly wages, salary, overtime pay, tips, bonus pay, Social Security payments, disability, pensions, child support, alimony, cash gifts, and annuities. If income is from a paycheck, indicate employer's name & address below.

\*\* Before taxes

**EMPLOYER INFORMATION** – complete only if income is from wages.

| Line # | Employer Name | Employer Address |
|--------|---------------|------------------|
|        |               |                  |
|        |               |                  |

**OTHER INSURANCE**

Do you have other insurance that covers healthcare providers visits or hospital services? ☐ Yes ☐ No

If "Yes"

Name of Insurance Co.

Policy No.

Group No.




*I certify, under penalty of perjury, the information provided by me in this statement is correct and true to the best of my knowledge. I understand that anyone who gives false information in order to receive benefits, or lets someone else use their PE card or abuses PE benefits is subject to criminal action under federal law, state law or both or may be liable for repaying in cash the value of the benefits received.*

Signature

Date Signed

**THIS FORM WILL BE KEPT BY YOUR HEALTH CARE PROVIDER IN YOUR MEDICAL RECORD. FEEL FREE TO ASK FOR A COPY.**

**SUMMARY OF PRENATAL SERVICES  
COVERED UNDER "PE"**

- ◆ Office visits to the healthcare providers listed below
- ◆ Medicine prescribed by your healthcare providers during your pregnancy
- ◆ Lab work or X-rays (including ultrasounds) ordered by your healthcare providers
- ◆ Transportation (non-emergency if you qualify)
- ◆ Emergency Room visits (if necessary)
- ◆ Local Health Department Services
- ◆ Visits to your dentist

**WHICH HEALTHCARE PROVIDERS CAN  
PROVIDE CARE UNDER "PE"?**

- ◆ Healthcare providers who practice the specialties of: internal medicine, general practice, family practice, OB/GYN and pediatrics
- ◆ Nurse practitioners and nurse midwives
- ◆ Providers practicing at primary care or rural health centers.
- ◆ Healthcare providers and nurses at the health department
- ◆ Labs
- ◆ X-ray Centers
- ◆ Dentists
- ◆ Hospital Emergency Rooms
- ◆ Ambulances and Other Transportation Providers

In order to provide PE services, providers must be enrolled with Kentucky Medicaid.

Pregnant?

**\* No Medical Coverage?**



**PRESUMPTIVE ELIGIBILITY  
(PE)  
FOR PRENATAL SERVICES  
MAY BE THE SOLUTION**

\*You may qualify for up to 3 months of Out-Patient Prenatal Services

Cabinet for Health and Family Services  
Department for Medicaid Services  
Updated April 2008

**PATIENT INFORMATION**

